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Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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The Golden Age of Child Health

THE remarkable gains achieved in controlling death and disease among children constitutes one of the brightest chapters in the recent history of American medicine and public health administration. The gains also reflect the economic and social advances which have greatly raised our standard of living. What has been accomplished in reducing mortality among youngsters in the United States and Canada is well illustrated by the experience among children insured in the Industrial Department of the Metropolitan Life Insurance Company. The death rate among these children at ages 1 to 14 dropped sharply and almost continuously in the past 35 years. As the table on page 2 shows, the age-adjusted death rate dropped 76 percent among white boys and slightly more than 80 percent among white girls between 1911-1915 and 1941-1945. The fact that this great improvement has been accomplished in a period during which there were two world wars and a major economic depression, gives added significance to the achievement.

For a number of diseases the improvement in mortality has been truly amazing. For example, the death rate from the principal communicable diseases of childhood—measles, scarlet fever, whooping cough, and diphtheria—has declined well over 90 percent among white children in the period under review. It is a striking fact that at ages 1 to 14 years the death rate from *all causes* combined now is considerably less than the mortality from the four communicable diseases only 3½ decades ago. The decrease of 97 percent for diphtheria is an outstanding example of what can be accomplished in conserving life when knowledge pertaining to prevention and treatment of disease is available and fully utilized. There are an appreciable number of large communities in the United States that have not lost a single child by diphtheria for a series of years.

Another signal victory for the public health movement has been the decline of 95 percent in the death rate from diarrhea and enteritis. For every child that now dies from this cause there were 20 a little more than a generation ago. The principal factors in achieving this result have been the pasteurization of milk, the greater purity of drinking water and foods, modern refrigeration, and the

widespread education of mothers regarding the care and feeding of young children.

Pneumonia and influenza, which together still cause more deaths at ages 1 to 14 than any other disease, have declined in mortality to only one sixth of the rate prevailing 35 years ago. In addition it is expected that the death toll from pneumonia will decrease further as chemotherapy comes into even wider use than today. The newer drugs have also played a large part in the recent reduction in the death rate from appendicitis. For many years prior

FIVE-YEAR AVERAGES OF ANNUAL DEATH RATES* FROM SPECIFIED CAUSES. WHITE CHILDREN, AGES 1 TO 14 YEARS. BY SEX. METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT, 1911 to 1945

CAUSE OF DEATH	AVERAGE DEATH RATES PER 100,000*							PERCENT CHANGE 1941–1945 SINCE 1911–1915
	1941–1945	1936–1940	1931–1935	1926–1930	1921–1925	1916–1920	1911–1915	
White Males								
ALL CAUSES	130.8	167.6	233.1	318.9	387.3	576.2	545.1	— 76.0
Measles	1.8	2.8	6.4	11.7	14.4	24.4	27.0	— 93.3
Scarlet fever	1.3	3.4	8.0	7.8	12.9	12.7	28.9	— 95.5
Whooping cough	1.2	2.1	3.8	6.8	8.3	13.5	13.0	— 90.8
Diphtheria	2.5	4.8	9.2	24.7	46.7	62.4	76.8	— 96.7
Tuberculosis—all forms	4.6	6.1	9.4	14.9	19.1	34.1	40.0	— 88.5
Acute poliomyelitis	2.6	1.6	3.5	3.0	3.2	11.0	3.9	— 33.3
Acute rheumatic fever	1.7	2.4	3.4	3.4	4.5	4.7	6.3	— 73.0
Organic diseases of the heart†	4.3	6.4	8.2	9.9	12.9	14.1	15.4	— 72.1
Pneumonia and influenza	14.3	28.5	43.0	62.7	67.2	149.4	87.2	— 83.6
Diarrhea and enteritis	3.5	5.6	10.2	20.3	29.6	52.1	63.3	— 94.5
Appendicitis	6.0	10.1	12.8	12.8	12.7	10.8	10.7	— 43.9
Accidents—total	41.5	39.1	47.9	61.7	70.6	79.8	76.2	— 45.5
Automobile	14.3	15.7	18.9	23.8	24.0	19.1	7.4	+ 93.2
White Females								
ALL CAUSES	97.5	136.6	193.1	271.5	333.6	520.2	506.4	— 80.7
Measles	2.0	2.6	6.1	11.0	13.6	23.5	26.6	— 92.5
Scarlet fever	1.0	3.6	7.6	7.0	12.7	12.5	28.2	— 96.5
Whooping cough	1.9	2.9	5.3	9.4	11.1	20.1	18.8	— 89.9
Diphtheria	2.5	4.6	8.7	23.5	45.2	60.0	73.4	— 96.6
Tuberculosis—all forms	4.9	6.2	10.4	17.2	22.7	38.9	49.2	— 90.0
Acute poliomyelitis	1.1	1.1	2.4	2.3	2.6	8.6	3.8	— 71.1
Acute rheumatic fever	1.7	2.7	3.5	3.6	4.8	4.9	7.0	— 75.7
Organic diseases of the heart†	5.2	7.0	8.7	11.9	15.3	16.5	19.6	— 73.5
Pneumonia and influenza	14.3	25.8	38.6	56.1	61.5	152.8	84.2	— 83.0
Diarrhea and enteritis	2.8	5.2	9.0	18.1	25.7	46.3	58.6	— 95.2
Appendicitis	4.2	8.8	10.3	11.1	10.0	8.8	9.4	— 55.3
Accidents—total	18.6	18.7	23.3	31.7	36.0	39.5	37.9	— 50.9
Automobile	6.6	7.3	8.7	11.2	10.4	7.4	2.7	+144.4

NOTE—Rates for 1945 are provisional.

*Standardized for age on basis of the Standard Million of England and Wales, 1901.

†1909 classification, International List of Causes of Death.

to 1935 the mortality from this cause showed either no improvement or an increase, but in the past decade the trend has been decidedly downward.

The death rate from accidents has been cut about half in the period under review, a much smaller improvement than that for deaths from disease, which amounted to more than 80 percent. The effect of this differential trend has been to give accidents first place as a cause of death among children at ages 1 to 14. Automobile accidents are the only important cause to show a higher mortality now than 35 years ago. The increase in this case reflects a sharp rise in the earlier years of this experience; for since 1930 the death rate from automobile accidents among children has been decreasing steadily. Fatalities from the other types of accidents decreased nearly two thirds between 1911-1915 and 1941-1945.

It is clear that giant strides have been made in protecting the life and health of American children, but public and private agencies in this field must continue their efforts, not only to maintain the gains achieved, but also to reduce sickness and death among children to a minimum. There are still many youngsters in our country who do not receive the full benefits of existing knowledge and facilities in medicine and public health. Moreover, there are wide disparities in the health records of the States and of individual communities. In many there is need for additional facilities. With the proportion of children in our population decreasing, the future of the Nation calls for sympathetic attention to the problems centering around their health and welfare.

Our Aging Population

THE aging of our population, which has been a subject of wide public interest in recent years, is by no means a new phenomenon. It is a process which has continued throughout our history. At first the change was very gradual, but in the past few decades it has been much more rapid, and the outlook is that this trend will continue for some time to come.

A good measure of the extent to which the American people have aged over the years is provided by changes in their median age (that age which divides the population into two equal groups, one half being younger and one half older, than the median). At the beginning of the 19th century the median age in this country was about 16 years. Three quarters of a century later it had reached 21 years. It may, in this sense, be said that the American people "attained their majority" in the decade of the seventies. By the turn of the century the figure had advanced to virtually 23 years, and by 1940 to 29 years. Thus the median age of the population in the United States has increased as much in the four decades

after 1900 as it had in the eight preceding decades.

The aging of the population since the beginning of the present century is also strikingly exhibited in the individual States. In 1900 there were 11 States in which the median age of the population was under 20 years, but by 1940 no State in the Union had so youthful a population. Viewing the situation from another angle: in 1900 there was not a single State in which the median age was as high as 30 years; in 1940 there were 18 States in this category.

The median age was higher in 1940 than in 1900 for every State, without exception, but the increase varied considerably among the individual States and the geographic divisions. As the table on this page shows, the most rapid aging of the population is observed in the area between the Mississippi River and the Rocky Mountains. The West North Central States recorded the largest increase in median age—namely, 7.8 years. Turning to the individual States: Missouri showed the most rapidly aging population (8.7 years), followed by Florida, Kansas, Nebraska, and Texas, all of which "aged" more than eight years between 1900 and 1940. At

MEDIAN AGE OF THE POPULATION IN THE VARIOUS STATES. 1900 AND 1940

GEOGRAPHIC DIVISION; STATE	MEDIAN AGE		INCREASE IN YEARS	GEOGRAPHIC DIVISION; STATE	MEDIAN AGE		INCREASE IN YEARS
	1940	1900			1940	1900	
United States	29.0	22.9	6.1	South Atlantic—(*Continued*)			
New England	31.3	27.1	4.2	Virginia	25.8	20.3	5.5
Maine	29.6	27.9	1.7	West Virginia	24.3	20.3	4.0
New Hampshire	31.6	28.5	3.1	North Carolina	23.1	18.7	4.4
Vermont	29.9	28.0	1.9	South Carolina	22.2	18.0	4.2
Massachusetts	31.8	26.9	4.9	Georgia	4.5	18.8	5.7
Rhode Island	30.7	26.2	4.5	Florida	28.9	20.4	8.5
Connecticut	31.1	26.9	4.2	East South Central	24.7	19.6	5.1
Middle Atlantic	31.0	25.3	5.7	Kentucky	25.4	20.7	4.7
New York	32.2	26.2	6.0	Tennessee	25.8	19.9	5.9
New Jersey	31.3	25.5	5.8	Alabama	23.8	18.8	5.0
Pennsylvania	29.1	24.2	4.9	Mississippi	23.8	18.5	5.3
East North Central	30.5	24.1	6.4	West South Central	26.2	18.8	7.4
Ohio	30.8	24.9	5.9	Arkansas	24.8	18.7	6.1
Indiana	30.3	24.0	6.3	Louisiana	25.5	19.4	6.1
Illinois	31.5	24.0	7.5	Oklahoma	26.2	19.9	6.3
Michigan	29.3	24.6	4.7	Texas	26.8	18.7	8.1
Wisconsin	29.8	22.3	7.5	Mountain	26.8	23.9	2.9
West North Central	30.0	22.2	7.8	Montana	28.8	26.6	2.2
Minnesota	29.5	22.0	7.5	Idaho	26.4	22.5	3.9
Iowa	30.2	23.0	7.2	Wyoming	27.6	24.9	2.7
Missouri	31.1	22.4	8.7	Colorado	29.2	25.9	3.3
North Dakota	25.7	20.8	4.9	New Mexico	23.0	21.1	1.9
South Dakota	27.4	20.7	6.7	Arizona	25.4	24.2	1.2
Nebraska	29.7	21.6	8.1	Utah	24.3	19.1	5.2
Kansas	30.4	22.2	8.2	Nevada	31.1	28.3	2.8
South Atlantic	25.5	20.0	5.5	Pacific	32.8	27.1	5.7
Delaware	30.6	24.6	6.0	Washington	32.2	25.8	6.4
Maryland	29.6	23.4	6.2	Oregon	32.4	25.3	7.1
District of Columbia	31.9	27.1	4.8	California	33.0	28.0	5.0

the other end of the scale is Arizona, whose population has retained its youth, the median age in that State having increased only 1.2 years in four decades.

Despite these differences in the speed with which the population has been aging, the relative position of the several geographic divisions as to median age has not changed appreciably since the turn of the century. Both in 1900 and in 1940 the Northeastern and the Pacific States had the oldest populations, and the Southern States the youngest. According to the last census, South Carolina has the youngest population in the country and California the oldest, the median ages for the two being 22.2 years and 33.0 years, respectively.

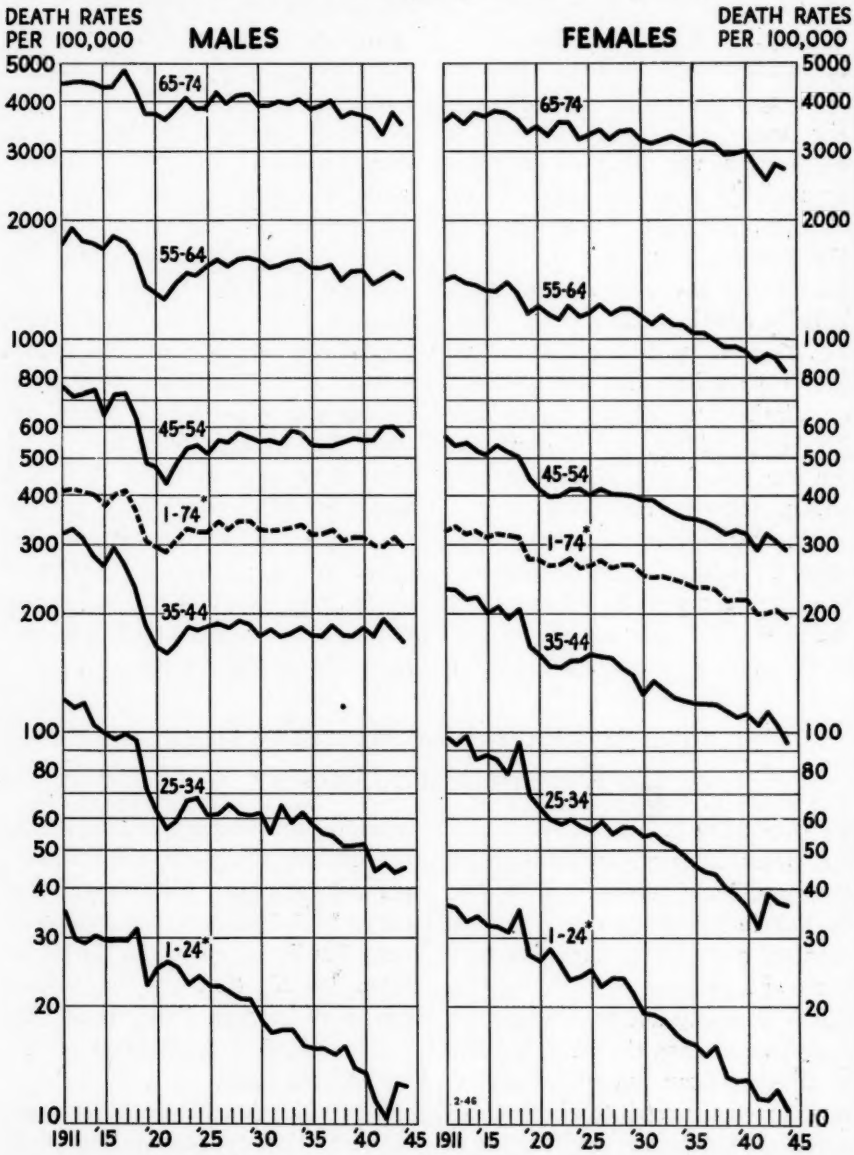
Two main forces have been operating to determine the age level of the American people: the long-term fall in the birth rate and the increase in the average length of life. A supplementary factor has been the very rapid aging of the foreign-born population, which for some time now has not been replenished with youthful immigrants. These trends together have resulted in a constantly decreasing proportion of young children in the population and a concomitant increase in the ratio of older people. In 1900, children under five years of age constituted 12.1 percent of the population of this country; by 1940 the proportion was reduced to 8.0 percent, and it is indicated that by the year 2000, youngsters will be less than 6 percent of the total. Then again, the proportion of people 65 years and older has jumped from 4.1 to 6.8 percent between 1900 and 1940, and will very likely exceed 13 percent before the end of the present century. We are becoming a nation of elders, and this fact will inevitably reflect itself in the social and economic life of the Nation.

Large Decline in Mortality from Degenerative Diseases

THE principal diseases of the heart, arteries, and kidneys, as a group, have recorded a marked decline in mortality over the past third of a century. This fact may come as a surprise to many readers, but it is amply documented by the experience among the many millions of Metropolitan Industrial policyholders, who constitute a large cross-section of the urban populations of the United States and Canada. The death rate from this group of causes, corrected for the aging of the insured population, dropped virtually 30 percent (at ages 1 to 74 years) between 1911-1915 and 1940-1944. The data hardly support the thesis so often voiced, that the accelerated tempo of modern living is leading to the physical breakdown of the American people.

The reduction in mortality from the principal cardiovascular-renal diseases has been particularly marked among white females, among whom

PRINCIPAL CARDIOVASCULAR-RENAL DISEASES
ANNUAL DEATH RATES FOR WHITE PERSONS BY SEX AND AGE
Metropolitan Life Insurance Company, Industrial Department 1911-1944



*Standardized on the basis of the Standard Million of England and Wales, 1901.

the death rate, corrected for the changes in age distribution, has declined 37 percent in the period under review. Each age group in this sex registered a very material and almost continuous improvement in mortality, with the result that recent years have witnessed minimum rates at every age period. Among insured white males, in the aggregate, the decrease in mortality, while not as marked as among the females, was still quite substantial—namely, 25 percent between 1911-1915 and 1940-1944. An examination of the chart on page 6 shows in detail the difference in the trends for the two sexes among white persons. Up to age 25, the decline in each sex was equally rapid. Beyond this age, however, the record for the men is not as favorable as that for the women. In the broad age range 35 to 64 years, the mortality among men has shown little or no decline in the past two decades, and in this large segment of life the rates are still above the level reached in the early 1920's, immediately following the influenza pandemic. It is obvious from the chart that at most ages, particularly among men, a large part of the over-all decrease in the death rate from the cardiovascular-renal diseases occurred during the pandemic years.

For the period as a whole, the improvement in mortality was most pronounced at the younger ages and decreased progressively with advance in age. This is true for each sex and for both white and colored persons, as is evident from the table on page 8. It is worthy of note that between 1911-1915 and 1940-1944, the decline even in the age period 45 to 74 years was almost one fifth among white men and close to one third among white women.

The general decline in the mortality from the principal cardiovascular-renal diseases may be attributed to a number of factors. At the younger ages, a very large proportion of the deaths from these diseases result from a previous infection. It is not surprising therefore, that the mortality from the cardiac and renal conditions improved as the germ enemies of mankind were successfully attacked.

The decreases in mortality at early and middle adult life also reflect in large part the reduction in the number of persons with these chronic conditions caused by infections in childhood. This is especially true for rheumatic heart disease. In addition, particularly among men, cases of syphilitic heart disease have declined, thanks largely to better and more intensive medical treatment of syphilis. This disease is an important factor in heart disease among men at the main working ages of life. Among women at the reproductive ages, the lessened frequency of childbearing has undoubtedly been a factor in the large reduction in mortality. At all ages, in each sex, such general factors as more and better medical care, better nutrition, and generally higher standards of living have contributed toward preventing premature physical breakdown. Moreover, ma-

PRINCIPAL CARDIOVASCULAR-RENAL DISEASES. AVERAGES OF ANNUAL DEATH RATES PER 100,000, BY COLOR, SEX, AND AGE. AGES 1 TO 74 YEARS. METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT, 1911 TO 1944

AGE PERIOD	DEATH RATES PER 100,000								PERCENT DECLINE 1940–44 SINCE 1911–15			
	WHITE				COLORED							
	Males		Females		Males		Females		White		Colored	
	1940–44	1911–15	1940–44	1911–15	1940–44	1911–15	1940–44	1911–15	Males	Females	Males	Females
1 to 74*	304.3	403.5	203.4	322.3	386.0	507.0	359.8	458.6	24.6	36.9	23.9	21.5
1 to 24*	12.0	30.5	11.8	34.1	15.7	40.5	17.7	45.1	60.7	65.4	61.2	60.8
25 to 34	45.8	111.7	36.0	92.0	74.3	170.5	78.2	150.5	59.0	60.9	56.4	48.0
35 to 44	180.4	300.7	105.2	219.4	270.0	444.3	280.8	448.8	40.0	52.1	39.2	37.4
45 to 54	573.8	713.8	306.1	535.5	747.9	1,027.9	742.0	1,040.4	19.6	42.8	27.2	28.7
55 to 64	1,449.3	1,782.4	884.2	1,385.7	1,801.5	2,298.1	1,657.2	2,003.9	18.7	36.2	21.6	17.3
65 to 74	3,609.4	4,463.9	2,748.7	3,646.9	4,353.5	4,725.2	3,777.8	3,827.2	19.1	24.6	7.9	1.3

*Standardized for age on the basis of the Standard Million of England and Wales, 1901.

chinery to an increasing extent has been carrying the burden of heavy work, with the result that persons with weakened hearts have been less exposed to hard manual labor. Thanks largely to the new chemotherapy, patients with heart disease have benefited greatly from successful treatment of infections, particularly of the respiratory tract.

The discussion of the mortality trends would be incomplete if attention were not directed to a less favorable side of the picture. The *crude* death rate from the cardiovascular-renal diseases—that is, the figure before correction is made for the increasing average age of the population—is actually higher now than a third of a century ago. These diseases constitute a large and growing proportion of the total mortality, both in this insurance experience and in the general population of the country. Thirty-five years ago in the Registration Area of the United States, the diseases under survey accounted for less than one quarter of all the deaths. Currently, the proportion is close to one half, and it undoubtedly will increase still further in the years to come as the mortality from the infectious diseases continues to decline and as the population continues to age.

There are still a very large number of deaths from the degenerative diseases, particularly in early and middle adult life, which are preventable. With this fact in view, the Life insurance companies in this country have organized the Life Insurance Research Fund, to finance research on the causes and treatment of the diseases of the heart and arteries. There is a huge field for constructive investigation here, and there is reason to believe that this effort will result in important contributions to medicine and public health.

Multiple Births in the United States and Canada

ON May 28th the Dionne quintuplets will celebrate their 12th birthday. The event suggests a study of the relative frequency of multiple births in the United States and in Canada, inasmuch as not a single case of quintuplets has been reported to our Bureau of the Census in the three decades in which it has been compiling annual data on births. It appears that twins are more common in Canada, but that triplets and quadruplets are relatively more frequent in our own country. At least these are the facts for the most recent five-year period for which figures are available, 1939 to 1943; the data for the two countries appear in the table below.

The figures show, for example, that in Canada there were 11,127 cases of twins in every million confinements, as compared with only 10,671 in the United States. Trip-

SINGLE AND MULTIPLE BIRTHS IN THE UNITED STATES AND CANADA 1939–1943

BIRTHS PER CONFINEMENT	UNITED STATES —TOTAL	CANADA*	UNITED STATES —WHITE	UNITED STATES —NEGRO
	NUMBER OF CONFINEMENTS			
TOTAL	13,119,508	1,304,089	11,513,145	1,535,506
Single	12,978,041	1,289,474	11,392,601	1,515,295
Twins	140,003	14,511	119,365	19,931
Triplets	1,441	104	1,167	270
Quadruplets	23	—	12	10
	CASES PER MILLION CONFINEMENTS			
TOTAL	1,000,000	1,000,000	1,000,000	1,000,000
Single	989,217	988,793	989,530	986,838
Twins	10,671	11,127	10,368	12,980
Triplets	110	80	101	176
Quadruplets	2	—	1	7
	STILLBIRTHS PER 1,000 LIVE BIRTHS			
TOTAL	29	26	26	54
Single	29	26	26	52
Twins	70	54	61	128
Triplets	145	130	126	231
Quadruplets	122	—	67	212

*Excludes Yukon and Northwestern Territories.

lets, on the other hand, occurred 80 times in every million confinements in Canada, and 110 times in our own country. No cases of quadruplets were reported in Canada during the five-year period under review; in our country, 23 cases were reported, equal to two in every million confinements.

It should be noted that the proportion of multiple births in the United States is materially increased by the high proportion of such births among Negroes. In proportion to the number of births, the incidence of twins and triplets was, respectively, 25 percent and 74 percent greater among Negro mothers than among the white, while the relative frequency of quadruplets was seven times that among white mothers. The high frequency of multiple births among American Negroes is offset somewhat by their large losses of infant life before and during delivery. Whereas the stillbirth rates of the white population of the United States and the general population of Canada were approximately the same, those of the Negroes was at least twice as high.

It will be observed from the lowest tier of the table that the stillbirth ratio approximately doubles with each added delivery per confinement. This is true both for the United States and for Canada, and for white and colored women alike. For example, among white mothers in our country, the stillbirth ratio for single confinements was 26 per 1,000 live births; for twins, it was 61; and for triplets, 126. Curiously enough, the ratio for quadruplets was less than that for triplets, but not much reliance can be placed on these figures, owing to the small number of cases involved.

Cumulative Index Available

The Metropolitan Life Insurance Company is preparing a Cumulative Index to Volumes 16 through 25 of the STATISTICAL BULLETIN, which cover the decade 1935 to 1944. Requests for this Index should be addressed to the Publication Division, Metropolitan Life Insurance Company, 1 Madison Avenue, New York 10, N. Y.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for February 1946, and February 1945, together with the death rates for the first two months of 1946, 1945, and 1944.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	February 1946	February 1945	Year to Date: End of February		
			1946	1945	1944
ALL CAUSES—TOTAL	870.9	904.9	898.9	889.9	927.2
—Excluding war deaths	*836.4*	*781.8*	*867.2*	*776.6*	*901.8*
Typhoid fever	0.1	0.1	0.1	0.2	0.3
Measles	.5	.2	.3	.1	1.4
Scarlet fever	.2	.2	.2	.1	.5
Whooping cough	.7	.9	1.0	.9	.8
Diphtheria	1.1	.6	1.2	.9	.9
Influenza	11.3	4.0	13.6	4.7	31.2
Pneumonia (all forms)	39.1	39.0	44.6	38.4	65.8
Tuberculosis (all forms)	38.3	34.0	39.4	35.0	42.5
Tuberculosis of respiratory system	35.4	30.8	36.5	31.6	38.8
Syphilis	7.3	8.1	8.3	9.1	10.2
Cancer (all forms)	114.7	103.1	113.1	103.8	106.2
Diabetes mellitus	31.9	26.0	33.9	26.7	33.1
Cerebral hemorrhage	74.4	71.1	76.8	69.2	72.6
Diseases of the coronary arteries and angina pectoris	76.4	70.6	77.4	72.3	70.4
Other chronic heart diseases†	186.8	170.6	199.0	168.3	203.1
Diarrhea and enteritis	2.8	3.4	2.2	3.4	3.2
Appendicitis	3.5	5.3	4.1	4.3	5.1
Chronic nephritis	51.2	48.8	51.1	47.7	53.4
Puerperal state—total	2.6	3.6	3.1	3.7	3.9
Suicides	6.1	5.7	6.8	5.4	6.3
Homicides	2.7	2.3	3.2	2.4	2.5
Accidents—total	53.9	53.0	54.9	52.5	52.9
Home accidents	9.9	11.4	11.8	9.9	10.3
Occupational accidents	5.1	4.6	4.2	4.3	4.6
Motor vehicle accidents	15.7	10.9	15.6	12.5	15.0
War deaths (enemy action)	34.5	123.1	31.7	113.3	25.4
All other causes of death	130.8	131.3	132.8	127.5	135.5

*The rates for 1946 and 1945 are subject to slight correction, ince they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

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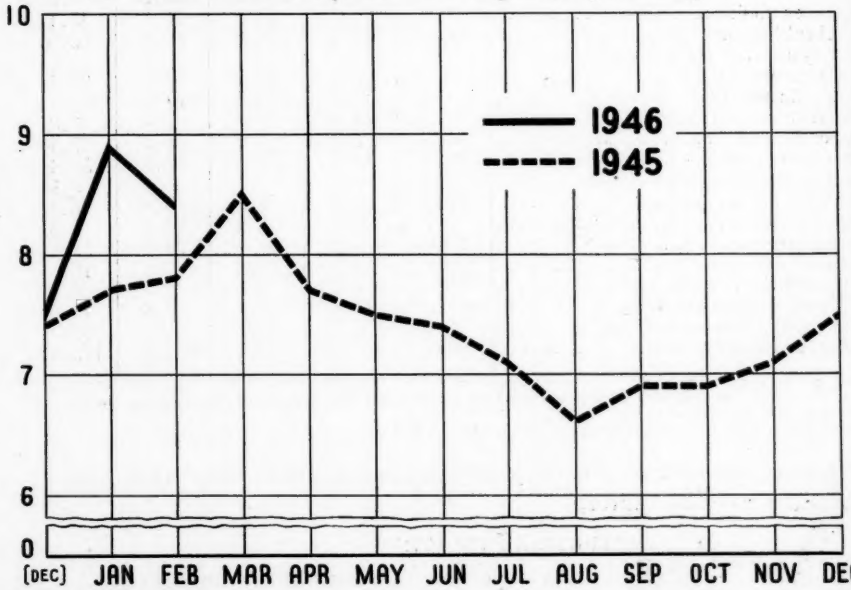
MORTALITY FROM ALL CAUSES*

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (*1945 and 1946 figures are provisional*)



	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1945		7.7	7.8	8.5	7.7	7.5	7.4	7.1	6.6	6.9	6.9	7.1	7.5
1946		8.9	8.4										

* *Does not include war deaths*

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